

HOW TO FIND OUT HOW MUCH THE OTHER PARTY IS PAID AT WORK

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FOR CALCULATING CHILD SUPPORT AND/OR SPOUSAL MAINTENANCE/SUPPORT



SELF-SERVICE CENTER

HOW TO FIND OUT HOW MUCH THE OTHER PARTY IS PAID AT WORK FOR CALCULATING CHILD SUPPORT and/or SPOUSAL MAINTENANCE/SUPPORT

This packet contains forms and instructions to find out how much the other party is paid at work for the purpose of calculating child support and/or spousal maintenance/support. The documents should appear in order as follows:

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SELF-SERVICE CENTER
CHILD SUPPORT AND SPOUSAL MAINTENANCE/SUPPORT
HOW TO FIND OUT HOW MUCH THE OTHER
PARTY MAKES AT WORK

CHECKLIST

You may use the forms and instructions in this packet if the following factors apply to your situation:

- ✓ You or the other party have filed papers with the court to establish *or to change* child support and/or spousal maintenance (also known as alimony), AND
- ✓ Currently, you do not know how much the other party makes at work and you need this information to determine the amount of child support and/or spousal maintenance that should be paid, AND
- ✓ You have not requested this information in the last three months, AND
- ✓ There is no court order that stops you from using this procedure.

READ ME: Before filing documents with the Court, consult **a lawyer** to help guard against undesired and unexpected consequences. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site at: <http://www.superiorcourt.maricopa.gov/ssc/provider/lawyers.asp>

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HOW TO FIND OUT HOW MUCH THE OTHER PARTY IS PAID AT WORK FOR CALCULATING CHILD SUPPORT AND/OR SPOUSAL MAINTENANCE/SUPPORT

INSTRUCTIONS:

TYPE OR PRINT CLEARLY, USING BLACK INK ONLY

- Complete and send the form letter included in this packet to the other party's place of employment by first class mail. Arizona law requires the other party's employer to provide this information if they know or have the information in their possession within twenty (20) days of receipt of your request (A.R.S. § 25-513).
 - Your letter should contain the following information, *unless protected by court order*: *
 - Your complete name, address, and telephone number, * AND
 - The other party's complete name, AND
 - The other party's social security number, AND
 - The other party's date of birth.

*If your address is protected, you must give another address where the information you are requesting can be sent, for example, to a post office box, or to your lawyer.

- You may use this process only one time *within a three month period* to ask for (*only*) the following information:
 - Present and past employment status of the other party, AND,
 - Earnings and income of the other party, AND,
 - Availability and description of present or previous health insurance coverage for dependent children, AND,
 - Health insurance benefits paid or applied for under a health insurance policy for dependent children, AND,
 - The other party's current or last known address, unless protected by an order of protection or injunction against harassment or other court order.

Your Name: _____
Your Address: _____
Your City, State, Zip: _____
Your Telephone Number: _____
Today's Date: _____

Other Party's Employer's Name: _____
Other Party's Employer's Address: _____
Other Party's Employer's City, State, Zip: _____
Your Court Case Name: _____

To the Employer of (Print name of other party) _____,

Regarding: Information Required by Arizona Revised Statutes § 25-513

My name is _____ (print your name clearly) . The other party and I are involved in a court case for which information is required about how much the other party makes at work and the other information requested below. Arizona law (A.R.S. §25-513) requires that you send this information to me within 20 days from the date you receive this request.

Information about other party:

Other Party's Name: _____
Other Party's Social Security No. (if known): _____
Other Party's Date of Birth (if known): _____

Information about other party that I want (check the boxes you want):

- ☐ Present and past employment status of the other party,
- ☐ Earnings, income, or other monies without regard to the source, of the party,
- ☐ Assets,
- ☐ Availability and description of present or previous health insurance coverage for a dependent child,
- ☐ The other party's current or last known address, unless protected by an order of protection or injunction against harassment or other court order.

Thank you for your help in this matter.

Sincerely,

(Your Signature)